The Honorable Robert J. Bryan

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

C.P., by and through his parents, Patricia Pritchard and Nolle Pritchard; and PATRICIA PRITCHARD, Plaintiffs, v. BLUE CROSS BLUE SHIELD OF ILLINOIS, Defendant.	NO. 3:20-cv-06145-RJB DECLARATION OF FRANK G. FOX IN SUPPORT OF PLAINTIFFS' MOTION FOR CLASS CERTIFICATION

I, Frank. G. Fox, Ph.D., declare under penalty of perjury and in accordance with the laws of the State of Washington and the United States that:

1. I am over the age of 18, not a party in the case and competent to testify to all matters stated herein. All statements are made upon my personal knowledge.

2. I am an economist with expertise in quantitative health care planning, statistics and financial modeling.

3. ***Exhibit A*** attached hereto is a true and accurate copy of my Curriculum Vitae that details my professional background in health planning, statistics and finances.

4. My educational experience is as follows:

1977 Ph.D., University of Washington, Seattle, WA (Economics)

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SPOONEMORE HAMBURGER PLLC
3101 WESTERN AVENUE, SUITE 350
SEATTLE, WASHINGTON 98121
TEL. (206) 223-0303 FAX (206) 223-0246

1972 M.A. , University of Washington, Seattle, WA (Economics)

1970 B.A., University of Washington, Seattle, WA (Economics)

5. I have owned and operated my own consulting firm since 1996, specializing in healthcare statistical analysis and the development of utilization and financial modeling and forecasting. I began my career in econometric modeling in the defense industry, preparing stochastic forecast models. I moved into health care economics in the early 1980s, first working in research and development, then in a large hospital organization as a health care planner, then in applied research and development. Since I have had my own consulting practice, I have provided healthcare planning, statistical analysis and financial simulation modeling to many of the hospitals in the State of Washington and in other parts of the country. I have also been engaged by numerous physician practices as an expert in health economics and financial/statistical modeling.

6. I have extensive experience with forecasting the need for hospital acute care beds, kidney dialysis centers, heart and liver transplant services, home health and hospice services, ambulatory surgery cases, clinical procedures such as GI procedures, cardiac surgery, epilepsy procedures, etc., and evaluating financial performance of health care entities. I have prepared a large number of simulation models for healthcare organizations to forecast utilization and financial performance for new technologies such as MRIs, linear accelerators and minimally invasive surgery, and for discrete projects such as new hospitals, ambulatory surgery centers, urgent care centers, imaging centers, and emergency departments. I have also prepared a large number of business plans for many hospital services and programs. I have extensive experience in designing primary research studies to ensure that the quantitative results generated from those studies

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provide statistically meaningful results, *i.e.,* provide results that can be generalized to the larger universe in a statistically valid way.

7. I have been qualified and have testified as a statistical expert, an expert in health economics and a healthcare planning expert in the following court cases: (1) Florida, 1985; (2) Oregon Federal District Court (2006); (3) Seattle WA Superior Court (2004); (4) in twenty-one separate Washington Department of Health Administrative Law Judge ("DOH ALJ") Hearings—one in 2004, 2008, 2010, two cases in 2011, two cases in 2012, two cases in 2013, four cases in 2014, one case in 2015, two cases in 2016, two cases in 2018; two cases in 2020 and one case in 2021; and (5) in two hearings before the Alaska Office of Administrative Hearings, one in 2016 and another in 2017. These cases also included expert deposition testimony. In addition, I have been deposed as an expert in a number of additional cases that were settled before trial. I have also acted as an expert consultant in the following cases: (1) numerous cases involving the acute care bed need methodology required by the Washington Department of Health under the certificate-of-need rules; (2) an anti-trust case in Oregon (2008); (3) ambulatory surgery center certificate-of-need cases in Washington; (4) kidney dialysis certificate-of need cases in Washington; and (5) nursing home and hospice certificate-of-need cases in Washington.

8. At the request of Plaintiffs' attorneys, I created a statistical model using data sources that are publicly available, as well as information from discovery produced by Defendant. Based on my expert opinion, this information can be reliably used to prepare statistically robust estimates of the number of enrollees who have been or are participants or beneficiaries in Blue Cross Blue Shield of Illinois ("BCBSIL") administered ERISA self-funded group health plans from January 1, 2016 to the present, who required or require treatment with excluded gender affirming health care services.

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9. Discovery from Defendant BCBSIL identified at least 505 unique enrollees in BCBSIL-administered ERISA group health plans that contained gender affirming care exclusions who had claims denied under such exclusions during the proposed class period.

10. Apart from this 505-enrollee figure, which alone, provides numerosity in this matter, Defendant provided the number of enrollees in each ERISA self-funded plan administered by BCBSIL that contained a gender affirming care exclusion, by year, over the time period 2016-2021. As explained in my Report, a true and correct copy of which is attached as ***Exhibit B*** to this declaration, I prepared and utilized simulation models over the 2016-2021 period to estimate the number of enrollees by plan year, who would be expected to utilize medically necessary treatment for gender dysphoria in BCBSIL administered ERISA self-funded group health plans.

11. In summary, in my expert opinion, utilizing either estimating approach (1) direct counts of enrollees in BCBSIL-administered ERISA group health plans who submitted claims for treatment for gender dysphoria that were denied; or (2) simulation models to estimate utilization of medically necessary treatment for gender dysphoria in the same plans over the same class period, indicates that the number of these individuals who are likely to have required or require gender affirming care in these plans during the proposed class period significantly exceeds 40 enrollees.

DATED: August 19, 2022, at Seattle, Washington.

F. G. Fox, PhD

Frank G. Fox, Ph.D.

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Exhibit A

FRANK G. FOX, JR.

Contact Information: frankgfox@comcast.net

Telephone: 206.366.1550

Website: https://healthtrends.consulting/

Education

1977	Ph.D., University of Washington, Seattle, WA (Economics)
1972	M.A., University of Washington, Seattle, WA (Economics)
1970	B.A., University of Washington, Seattle, WA (Economics)

Professional Experience

May 1996 - Present **HealthTrends, Shoreline, WA**

Principal

Direct work with health care organizations in the development and implementation of actions to improve performance. This work is principally quantitative analysis and simulation modeling.

Projects include demand and financial modeling, including future year budget forecasts and business plan development; statistical survey research and analysis; strategic plan development; asset and program/service valuation, including physician practices and other businesses; new business development; joint ventures; compilation and analysis of information defining internal and market actions; medical staff development plans; technology acquisition/implementation; and expert consultation with clients regarding quantitative analysis and modeling, including evaluation of new technology. Significant expert testimony consultations regarding statistical and health care economics. Engagements have included:

- Development of demand and financial models for organization business planning and future year budgets. Includes developing databases and preparing models that simultaneously link “dependent” and “independent” variables that combined simulate utilization and financial projections. Includes preparing sensitivity analyses to test the effect of changes in key model variables on projected outcomes

- Development of financial statements, including income and expense, cash flow, asset depreciation and balance sheets. These schedules are used to define prior performance and model future growth. Includes engagements assisting small business "start-up" operations, including serving as chief financial officer, but in a consultant role

- Expert consultation regarding statistical/mathematical issues associated with clients' surveys and other sampling work

- Primary and secondary survey research. Includes formulating best research design, developing survey questionnaires, utilizing in-person or other survey approach(es), preparing statistical analysis of survey responses and report preparation

- Preparation of volume and financial performance models for free-standing emergency departments, urgent care centers, medical clinics, imaging centers and ambulatory surgery centers. Includes preparation of demand and revenue forecasts by type of service, program or physician sub-specialty. Also includes estimation of direct and indirect expenses of business operations, including FTE ("full-time equivalent") employment forecasts and capital expenditure modeling. Designed to identify key performance statistics and provide risk analysis of alternative utilization, reimbursement and expense scenarios

- Preparation of demand and financial models to define, evaluate and model demand and financial performance for new programs and technologies, e.g., transplantation programs including liver and pancreas transplantation; Gamma Knife program; PET scanner; minimally invasive surgery; and transcranial magnetic stimulation ("TMS").

- Preparation of demand and financial models to evaluate current performance and prepare service/program forecasts. Representative projects include: imaging centers, including forecasts for all key modalities; emergency services; cardiac services; obstetrics and women's' services; sleep lab; oncology programs, including medical oncology and radiation therapy; and ambulatory surgery centers.

- Preparation of medical staff development plans, including integration of quantitative estimates of demand by specialty, current and projected supply, financial modeling, and qualitative interview research. Designed to assist organizations' alignment/integration with physicians.

- Preparation of performance analyses, where client benchmarks are established and performance, measured. Examples include emergency department physicians, or

practicing physicians in a single or multi-specialty clinic. Work has included development and implementation of "production-based" compensation models.

- Preparation of valuation studies, which require assessment of "fair market value." This has included contractual arrangements, where buyers must meet fair market value standard for federal statutes. It has also included preparation of fair market value estimates of physician practices.

- Preparation of strategic plans, including market demographic and economic profiles, organization performance data across key services/programs, including portfolio analysis, competitor analysis, and identification and prioritization of goals, strategies and implementation actions.

- Preparation of marketplace statistics on population, utilization and market share figures to assist organizations' strategic planning and marketing programs.

- Expert testimony and deposition. I have been qualified and have testified as a statistical expert, an expert in economics and health economics, and a healthcare planning expert in a large number of courts-of-law. This includes deposition and expert testimony in the following: (1) Florida, Federal District Court, 1985; (2) Oregon Federal District Court (2006); (3) Seattle WA Superior Court (2004); (4) in twenty-one separate Washington Department of Health Administrative Law Judge ("DOH ALJ") Hearings—one in 2004, 2008, 2010, two cases in 2011, two cases in 2012, two cases in 2013, four cases in 2014, one case in 2015, two cases in 2016, two cases in 2018, two cases in 2020 and one case in 2021; and (5) in two hearings before the Alaska Office of Administrative Hearings, one in 2016 and another in 2017.

- Expert consultation. I have acted as an expert consultant in the following cases: (1) numerous cases involving the acute care bed need methodology required by the Washington Department of Health under the certificate-of-need rules; (2) an anti-trust case in Oregon (2008); (3) ambulatory surgery center certificate-of-need cases in Washington; (4) kidney dialysis certificate-of need cases in Washington; and (5) nursing home and hospice certificate-of-need cases in Washington.

- Depositions, Expert Declarations, Expert Reports and Rebuttal Reports. I have provided expert declarations and/or expert reports and rebuttals in the following cases: (1) In 2018, I provided an expert declaration ("Declaration") valuing the injunctive relief in a class action settlement in support of the motion for preliminary approval of that settlement in *Kerr v. Kaiser Foundation Health Plan*, Los Angeles Superior Court Case No. BC556863. (2) In May 2019, I provided a Declaration regarding models I prepared estimating utilization and cost for selected treatments for patients with diagnoses identified in the California Mental Health Parity Act and substance abuse in *Ames v. Anthem Blue Cross Life & Health Insurance Company*, Los Angeles Superior Court Case No. BC591623. (3)

In May 2019, I provided Declaration regarding estimates of the number of Plan insureds with a prevalence of Autism Spectrum Disorder ("ASD") who utilized and expended monies for applied behavior therapy ("ABA") in *JR v. CHI et.al.,* United States District Court, Western District of Washington, Seattle, No. 2:18:cv-01191-JLR. (4) In June 2019, I prepared an Expert Report in *DT v. NECA/IBEW Family Medical Plan, Civil Action No. 2:17-cv-00004 (RAJ)*, which estimated utilization and expenditures for ABA and/or physical therapy ("PT"), occupational therapy ("OT") or speech therapy, for Plan insureds with a prevalence of ASD. (5) In July 2019, I prepared a series of Rebuttal Reports in *DT v. NECA/IBEW Family Medical Plan, Civil Action No. 2:17-cv-00004 (RAJ)*. (6) In January 2020, I provided a Declaration valuing coverage for residential treatment for insureds with eating disorders in a class action case in *Rea v. Blue Shield of California*, *Los Angeles Superior Court Case No. B468900*. (7) In July 2020, I prepared an Expert Report in *Crosby v. Blue Shield of California, Magellan Health, et. al., Case No.: 8:17-CV-01970-CJC-JDE;* (8) In August 2020, I prepared a Rebuttal Report also for *Crosby v. Blue Shield of California, Magellan Health, et. al., Case No.: 8:17-CV-01970-CJC-JDE*; (9) In October 2020, I prepared a Declaration in support of a motion for summary adjudication of Health Net's fifth cause of action for intentional interference with contractual relations in *Dual Diagnosis Treatment Center Inc., v. Health Net, Los Angeles Superior Court, Case No. LC104357*; (10) November 2020, I provided a supplemental Declaration *in Rea v. Blue Shield of California, Los Angeles Superior Court Case No. B468900*; (11) In January 2022, I was deposed in in *Dual Diagnosis Treatment Center Inc., v. Health Net, Los Angeles Superior Court, Case No. LC104357*; (12) In June 2022, I was deposed in *Decision by the Department of Health Regarding Two Certificate of Need Applications Proposing to Establish Medicare and Medicaid Certified Hospice Services in Thurston County, No. M2021-923.*

- Preparation of Certificate of Need applications. Projects have included: (1) the development and operation of freestanding ambulatory surgery centers;(2) the purchase and sale of two hospitals in Eastern Washington in Spring 2003; (3) the development and operation of St. Anthony Hospital in Gig Harbor Washington in Fall 2003; (4) the development of a liver transplant program for Swedish Health Services in Seattle WA in Summer 2003; (5) the preparation of 3 kidney dialysis center applications in Spokane County, WA in fall 2003; (6) the preparation of a kidney dialysis center application in Clark County, WA in spring 2005; (7) the development and operation of a new hospital—Swedish Issaquah Hospital--in Issaquah Washington, submitted in 2004; (8) the development and operation of a freestanding hospital in Eugene Oregon, submitted in December 2005; (9) the expansion of acute care beds for St. Francis Hospital, Federal Way, WA submitted in late Fall 2006; (10) the build-out of a hospital tower and the expansion of licensed capacity by 166 acute care beds for Providence Regional Medical Center in Everett WA this represented the largest expansion project in Washington CN history), also submitted in late Fall 2006; (11) the preparation of a certificate of need application for a 152-bed expansion and 21-bed NICU expansion for Sacred Heart Medical Center in Spokane WA, completed in February 2009; (12 & 13) the preparation of two certificate of need applications for percutaneous coronary intervention (PCI) programs

at Stevens Hospital, Edmonds WA and Valley Medical Center, Renton WA—both applications were submitted in February 2009; (14) the preparation of a certificate-of-need application for a 27-bed NICU expansion Kadlec Medical Center, Richland WA, submitted in August 2009; (15) preparation of a certificate of need application for a 114-bed expansion project for Kadlec Medical Center, Richland WA, submitted November 2009; (16) preparation of a certificate of need application for a new 58-bed hospital in the Southeast Planning Area, submitted in December 2009; (17) preparation of a certificate of need request for Swedish Health Services' Lease of Stevens Hospital in Edmonds WA, submitted in May 2010; (18) preparation of a certificate of need for a 25-bed expansion of Mary Bridge Children's Hospital, submitted in July 2010; (19) preparation of a certificate of need request for pancreatic transplantation at Sacred Heart Medical Center; (20) preparation of a certificate-of-need request for a 20-bed expansion of Tacoma General Hospital's Neonatal Intensive Care Unit ("NICU"); (21) preparation of a certificate-of-need request for a 4-bed expansion of Tacoma General Hospital's Intermediate Care Nursery ("ICN"); (22) preparation of a certificate-of-need request for a 16-bed Intermediate Care Nursery ("ICN") at Swedish/Issaquah, submitted in January 2011; (23) preparation of a certificate-of-need request to operate an elective percutaneous coronary intervention ("PCI) program at Swedish/Issaquah; (24) preparation of a certificate-of-need request for an 11-bed expansion of Good Samaritan Hospital, submitted in June 2011; (25) preparation of a certificate of need for a 20-bed expansion of Mary Bridge Children's Hospital, submitted in October, 2011; (26) preparation of a certificate-of-need request for an ambulatory surgery center in Gig Harbor, Washington, submitted October 2011 (27) preparation of a certificate-of-need request for a new 30-bed psychiatric hospital in Everett, Washington, submitted November 2011; (28) preparation of a certificate-of-need request to operate an elective percutaneous coronary intervention ("PCI) program at Swedish/First Hill, submitted in February 2012; (29) preparation of a certificate-of-need request for an additional Level I rehabilitation beds at Providence St. Peter Hospital, submitted in March 2012; (30) preparation of a certificate-of-need request to lease Wenatchee Valley Hospital, submitted in September 2012; (31) preparation of a certificate-of-need request to lease United General Hospital, submitted November 2012; (32) preparation of a certificate of need to operate an ambulatory surgery facility, submitted in July, 2013; (33) preparation of a certificate of need application to operate three additional Level I rehabilitation bed at PeaceHealth St. Joseph Medical Center, Bellingham Washington, September 2013; (34) preparation of a certificate of need application to operate a kidney dialysis facility, submitted in January 2014; (35) preparation of a certificate of need to operate an ambulatory surgery facility, submitted in February 2014; (36) preparation of a certificate-of-need request for a new 34-bed psychiatric hospital in Monroe, Washington, submitted November 2013; (37) preparation of a certificate of need to operate a kidney dialysis facility, submitted in May 2014; (38) preparation of a certificate of need for Level I rehabilitation beds for Wenatchee Valley Hospital, submitted November 2014; (39 and 40) preparation of two separate certificate of need applications to operate kidney dialysis facilities in different planning areas, submitted in November 2014; (41) preparation of a certificate of need application for a 120 bed psychiatric hospital, Tacoma Washington, submitted December 2014; (42) preparation of

a certificate of need application to operate a kidney dialysis facility in Pierce County, submitted in February 2015; (43) preparation of a certificate of need application for an ambulatory surgery center for Swedish Health Services and Proliance, submitted in March 2015; (44) preparation of a certificate of need application for a 100-bed psychiatric hospital, Spokane County, submitted in June 2015; (45) preparation of a certificate of need to operate an ambulatory surgery center in Bellevue in East King Planning Area (2015); (46) preparation of a certificate of need to operate an ambulatory surgery center in Issaquah in East King Planning Area (2015); (47) preparation of a certificate of need to operate an ambulatory surgery center in Seattle in the North King Planning Area (2015); (48) preparation and submittal of a certificate of need application for MultiCare Good Samaritan Hospital for additional Level I rehabilitation beds (2015); (49) preparation and submittal of a certificate of need application for MultiCare Good Samaritan Hospital for additional acute care beds (2015); (50) preparation and submittal of a 100-bed psychiatric hospital certificate of need (Oregon) (2016); (51) preparation and submittal of a certificate of need to operate a kidney dialysis facility in Pierce County (2016); (52) preparation and submittal of a certificate of need to operate an 85-bed psychiatric hospital in Thurston County (2016); (53) preparation of a certificate of need to operate an ambulatory surgery center in Everett in the Central Snohomish Planning Area (2016); (54) preparation of a certificate of need to operate an ambulatory surgery center in the Grant County Planning Area (2016); (55) preparation of a certificate of need to operate an ambulatory surgery center in Okanogan County Planning Area (2016); (56) preparation of a certificate of need for approval of the purchase of Deaconess Hospital in the Spokane Planning Area (2017); (57) preparation of a certificate of need for approval of the purchase of Valley Hospital in the Spokane Planning Area (2017); (58) preparation of a certificate of need to operate an ambulatory surgery center in the Spokane County Planning Area (2017); (59) preparation of a certificate of need to operate an ambulatory surgery center in Central King County Planning Area (2017); (60) preparation and submittal of a certificate of need to expand a kidney dialysis facility in Grays Harbor County (2017); (61) preparation and submittal of a certificate of need to relocate and expand a kidney dialysis facility in Grant County (2017); (62) preparation and submittal of a certificate of need to operate an ambulatory surgery center in the East King Planning Area (2017); (63) preparation and submittal of a certificate of need to expand MultiCare Tacoma General Hospital's Level IV Neonatal Intensive Care Unit (NICU) (2018); (64, 65, 66, 67,68, 69) preparation and submittal of six separate certificates of need to expand kidney dialysis facilities in Pierce County (2018); (70 & 71) preparation and submittal of certificates of need to expand kidney dialysis facilities in Thurston County (2018); (72) preparation and submittal of a certificate of need to establish a kidney dialysis facility in Clark County (2018); (73) preparation and submittal of a certificate of need to expand a kidney dialysis facility in Grant County (2018); (74) preparation and submittal of a certificate of need to develop a kidney dialysis facility in King County (2018); (75) preparation and submittal of a certificate of need to develop a kidney dialysis facility in Cowlitz County (2018); (76) preparation and submittal of a certificate of need to expand a kidney dialysis facility in Adams County (2018); (77) preparation and submittal of a certificate of need to expand a kidney dialysis facility in Okanogan Count (2018); (78) preparation and submittal of a

certificate of need to expand a kidney dialysis facility in Mason County (2018); (79) preparation and submittal of a certificate of need to expand a kidney dialysis facility Thurston County (2019); (80) preparation and submittal of a certificate of need to develop a kidney dialysis facility in King County (2019); (81) preparation and submittal of a certificate of need to expand a kidney dialysis facility (Benton County (2019); (82) preparation and submittal of a certificate of need to operate an ambulatory surgery center in the East King Planning Area (2019); (83) preparation and submittal of a 100-bed psychiatric hospital certificate of need (Oregon) (2019); (84) preparation and submittal of a certificate of need to expand an ambulatory surgery facility in East Pierce Planning Area (2019); (85)) preparation and submittal of a certificate of need to expand an ambulatory surgery facility in the East Pierce Planning Area (2019); (86) preparation and submittal of a certificate of need to expand an ambulatory surgery facility in East King Planning Area (2019); (87) preparation and submittal of a certificate of need to expand an ambulatory surgery facility in the Central Pierce Planning Area (2020); (88) preparation and submittal of a certificate of need to develop an elective PCI program in the Spokane County Planning Area (2020); (89) preparation and submittal of a certificate of need to relocate and expand a kidney dialysis facility Thurston County (2020); (90) preparation and submittal of a certificate of need to develop and operate a kidney dialysis facility in Yakima County (2020); (90) preparation and submittal of a certificate of need to relocate a dialysis facility in Mason County (2020); (92) preparation and submittal to expand a dialysis facility in Cowlitz County (2020); (93) Preparation and submittal to expand a dialysis facility in Stevens County; (94) preparation and submittal of a certificate of need to establish an ambulatory surgery facility in the East Pierce Planning Area (2020); (95) preparation and submittal of a certificate of need to operate a hospice agency in Spokane County (2020); (96) preparation and submittal of a certificate of need to operate a hospice agency in Thurston County Washington (2021); (97) preparation of a certificate of need application to relocate MultiCare Mary Bridge Children's Hospital in Tacoma Washington (2021); (98) preparations and submittal of a certificate of need application for the purchase of Capital Medical Center, Olympia (2021); (99) preparation and submittal of a certificate of need to establish an ambulatory surgery facility in the Spokane Planning Area (2021); (100) preparation and submittal to expand a dialysis facility in Grays Harbor County WA (2021); (101) preparation and submittal of a certificate of need to develop and operate a kidney dialysis facility in Yakima County (2021); (102) preparation and submittal to expand a dialysis facility in Cowlitz County (2021); (103) preparation and submittal of a certificate of need to purchase MPT ownership in Capital Medical Center building (2021); (104) preparation and submittal of a certificate of need to operate a hospice agency in Spokane County (105) preparation and submittal of a certificate of need to add licensed NICU bassinets to Mary Bridge Children's Hospital (2022); (106) preparation and submittal to add OR capacity to an ambulatory surgical facility in East Pierce County (2022:; (107) preparation and submittal for certificate of need approval to operate a Two OR ambulatory surgery facility in Thurston County; (108) preparation and submittal of a certificate of need request to add 160 licensed acute care beds to Good Samaritan Hospital in Puyallup WA.

- These projects included preparation of detailed utilization and financial performance

models, including income and expense, cash flow statements, asset depreciation schedules and balance sheets. They also included preparation and submittal of complete applications to Washington Department of Health.

July 2001-July 2002 ClearMedical, Bellevue WA

Vice President, Finance and Chief Financial Officer

Financial stewardship for ClearMedical, Inc. This included developing and properly using financial reports and performance information, in aggregate, and at the product/service level, to monitor and improve company performance. Performance was measured for contribution margin, cash flow and return on investment. As the company's financial leader, responsible for daily fiscal activities and longer term financial viability and growth. Responsibilities included:

- Preparation of weekly and monthly financial reports for the chief executive officer, the Board of Directors, and other members of the executive team. Financial reports include income and expense statements, cash flow and balance sheet statements. These reports were compiled for year-to-date and annualized estimates.

- Preparation of monthly departmental budgets, then monitoring actual expenditures against budget estimates. Also responsible for budget forecasts, used to guide departmental growth.

- Preparation of 5 year forecast models to estimate financial performance and resource requirements.

- Correct daily operation of accounts payable and accounts receivable activities, as well as company payroll and other routine financial operations

- Monitoring company performance against financial performance forecasts and "key performance indicators" (KPIs) included in the Strategic Plan. This included implementing corrective actions to better assure actual performance matches forecasts and benchmarks.

- Monitoring overall company performance against its Strategic Plan, as defined by performance benchmarks. Responsible for providing annual revisions/updates to the ClearMedical Strategic Plan.

1993 - April 1996 <u>Franciscan Health System (FHS), Aston, PA</u>

Vice President, Research and Development

Responsible for FHS research and development. This included all research to support focused technology and other studies. Selected studies included:

- Stereotactic breast biopsy technology
- Minimally invasive surgery technology

- Advanced healthcare practitioners
- Alternative medicine (healing/wholistic medicine)
- Genetic engineering
- Patient-focused care

Responsible for leadership and staff support to the FHS Technology Steering Committee, a multidisciplinary group, including numerous physicians, that had responsibility for identifying and making technology implementation recommendations across FHS.

Responsible for strategic planning, including the compilation of information, the development of market goals and strategies, and the preparation of focused strategic plans. This also included seminars and workshops to prepare and present plans.

Responsible for compilation, analysis and presentation of quantitative and qualitative information on FHS products, services and markets, including:

- Utilization forecast models, by service line, for each FHS hospital, to model the effect of managed care.
- The development of emergency department care delivery models.
- The development of an ambulatory surgery model.
- Preparation of market share and service line projections.

Responsible for service and program integration/consolidation across 3 FHS-West hospitals, including outsourcing all transcription, saving $750,000 annually, and consolidating laboratory services, saving $3 million over five years.

Responsible for the development and implementation of a Community Health Model for FHS organizations.

1988 - 1993 Franciscan Health Services - Washington, Tacoma, WA

Vice President, Research and Development

Responsible for new product and service identification and development, including the development of a research process, the Technology Model, which was later implemented throughout Franciscan Health System.

Studies included:

- Magnetic resonance imaging
- Laser technologies
- Imaging, including ultrasound, SPECT cameras and CT
- Continuous quality improvement models
- Optical disk technologies
- Flow cytometry equipment

Responsible for the feasibility study, design and implementation of an MRI service at 4 FHS-West hospitals, including:

- Business and operations plan development
- Acquisition of three MRI systems and service contracts, which represented over $8 million in capital and operating expenses
- Recruitment of staff, and day-to-day operational responsibility for the MRI department with an annual budget of $4 million, for two years

1985 - 1988 Franciscan Health Services - Washington, Tacoma, WA

Director, Planning and Research

Responsible for utilization and financial projections for numerous program/services, as key elements of business plan preparation.

Responsible for all regulatory interface, including all certificate-of-need applications, and work with local and state planning agencies.

Responsible for all utilization and service area forecasts and competitor analysis for annual hospital strategic plans and budgets.

Responsible for all primary and secondary market research, including both internal survey projects, e.g., patient satisfaction surveys, and external research, e.g., large, community-wide, surveys.

1984-1985 Washington State Hospital Commission, Olympia, WA

Associate Director, Program Planning and Research

Responsible for technical and staff management of Program Planning and Research Division for the Hospital Commission, including:

- Design, development and management of the Commission Hospital Abstract Reporting System (CHARS), which is still used to compile and analyze patient discharge data from every hospital in the state.

- Design and development of target revenue estimates for statewide hospital revenues, required by the Washington Legislature. This task required compilation and analysis of very large data sets containing cost and revenue data for each Washington hospital.

- Development and implementation of charity care definitions and policies across all Washington hospitals.

- Management of Hospital Commission Certificate-of-Need reviews.

1983 **SysteMetrics, Inc., Santa Barbara, CA**

Senior Health Care Economist

Responsible for acquisition/development of health care data and forecasting models.

1977-1983 **HDR Systems, Santa Barbara, CA**

Senior Economist/Project Manager

Project management of numerous military studies. Responsibilities included proposal preparation, study definition, milestone and budget scheduling. This included: Publication scheduling and deadlines; assignment and coordination of interdisciplinary staff input; and technical review and edit.

Developed and implemented econometric forecasting models. These models forecast key economic and demographic parameters, e.g., employment/unemployment, wage levels, and population, for a defined geographic region.

Responsible for development and analysis of other economic technical studies, including development and use of regional inter-industry (input-output) models.

1971-1977 **University of Washington, Seattle, WA**

Instructor

Taught courses in micro and macroeconomics.

Computer Language Experience

Statistical Analysis System (SAS)

Statistical Package for the Social Sciences (SPSS)

STATA

Access

Honors and Awards

Phi Beta Kappa

Omicron Delta Epsilon (Economics Honor Society)

Magna Cum Laude Graduate

Memberships

American College of Health Executives

Washington State Hospital Association

Published Articles and Presentations

Publications

"Developing A Model for Technology Assessment," Frank Fox, Ph.D. and Ellen Barron, Health Progress, pages 50-58, January-February 1993.

"Linking Technology with Strategic and Financial Plans: A Case Study of Franciscan Health System," Frank Fox, Ph.D. and Ellen Barron, American Hospital Association, Hospital Technology Special Report, Volume 14, Number 11, September 1995.

Presentations

"Assessing Marketplace Impact of Future Clinical Technologies," Technology and Healthcare Marketing--Future Vision Conference, The Alliance for Healthcare Strategy and Marketing, November 10-12, 1996.

"Smart Technology," Real Solutions for Healthcare Materials Management—Annual Conference, American Society for Healthcare Materials Management, August 11-13, 1996.

"Smart Technology," 16th Annual Meeting—Strategy Forum, Society for Healthcare Planning and Marketing, American Hospital Association, April 24-27, 1994.

Exhibit B

The Honorable Robert J. Bryan

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

C.P., by and through his parents, Patricia Pritchard and Nolle Pritchard; and PATRICIA PRITCHARD, Plaintiffs, v. BLUE CROSS BLUE SHIELD OF ILLINOIS, Defendant.	NO. 3:20-cv-06145-RJB

REPORT OF FRANK G. FOX, Ph.D.

A. Scope of Request

1. At request of counsel, I have been asked to prepare estimates of the number of persons who:

(1) Identify as transgender and gender diverse ("TGD");

(2) Are enrolled in an ERISA self-funded "group health plan" (as defined in 29 U.S.C. § 1167(1)) administered by Blue Cross Blue Shield Illinois

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("BCBSIL") that contains a categorical exclusion denying or limiting coverage for gender affirming health care;[1] and

(3) Whose enrollment occurred within the Study Period, defined to include January 1, 2016, to December 31, 2021, as provided by legal counsel.[2]

2. This analysis is based on BCBSIL enrollment counts obtained from discovery, as provided by legal counsel.[3] For each year of the Study Period, I have been provided two sets of enrollment files. Based on further discovery and guidance from legal counsel, I have utilized the enrollment data across the two sets of enrollment files, for each year of the Study Period,[4] and calculated a merged enrollment figure, by year. From these merged enrollment figures, I prepare estimates of the likely number of TGD persons in these BCBSIL ERISA self-funded group health plans which include categorical exclusions denying or limiting coverage for gender-affirming health care. In addition, I also estimate the subset of those persons likely to seek gender-affirming care.

3. Based on the methodology outlined below I estimate that, annually, on average, persons enrolled in the affected BCBSIL plans included about 1,740 TGD persons. Of these TGD insureds, I estimate that about 17.5% would have sought gender-affirming care in any given year. This corresponds to, on average, about 300 TGD persons seeking care in each of the relevant years. In my opinion, based on information provided to me and current scientific literature, these are reasonable estimates of these two populations.

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[1] *See* Paragraphs 90 and 91 Class Definitions, *C.P. v. Blue Cross Blue Shield of Illinois*, Amended Complaint (Class Action), No. 3-20-cv-06145-RJB, United States District Court Western District of Washington at Tacoma, November 11, 2021.

[2] Telephone discussion with Ms. Ele Hamburger, August 1, 2022.

[3] E-mail from Ms. Ele Hamburger, August 1, 2022.

[4] Based on instruction from Ms. Payton, Kilpatrick Townsend & Stockton LLP, to Ms. Hamburger in an e-mail exchange, August 10, 2022, we used unique plan counts across the two separate enrollment counts, by plan, by year.

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B. Background

4. Gender dysphoria is a serious medical condition recognized in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition ("DSM-5");[5] the World Health Organization's International Classification of Diseases, which is the diagnostic and coding compendia for medical professionals;[6] and by other leading medical and mental health professional groups, including the American Medical Association ("AMA");[7] and the American Psychological Association ("APA").[8]

5. Transgender people often undertake a series of individualized steps to live in a manner consistent with their gender identity, rather than the sex they were assigned at birth. These steps, known as transitioning, typically include social, legal, and medical transitions. The social transition entails a transgender individual living in accordance with their gender identity, the legal transition involves steps to formally align a transgender individual's legal identity with their gender identity, and the medical transition includes gender-affirming care that brings the sex-specific characteristics of a transgender person's body into alignment with their gender. Gender-affirming care can involve counseling to obtain a diagnosis of gender dysphoria, hormone replacement therapy, surgical care, or other medically necessary treatments for gender dysphoria.

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[5] American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*. American Psychiatric Association, Arlington, VA.

[6] World Health Organization. 2022. *International Classification of Diseases, 11th Revision*. https://icd.who.int/en, Last Accessed August 17, 2022.

[7] American Medical Association. 2019. *AMA: Leading medical organizations fight for transgender Americans*. AMA Press Releases, July 10, 2019. https://www.ama-assn.org/press-center/press-releases/ama-leading-medical-organizations-fight-transgender-americans, Last Accessed August 17, 2022.

[8] American Psychological Association. 2022. *Patients and Families: Mental Health Topics*. https://www.psychiatry.org/patients-families, Last Accessed August 17, 2022.

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6. In estimating TGD populations, there exist large differences between survey-based self-reported transgender identity and treatment- or diagnosis-based results.[9]

7. Survey-based estimates of transgender prevalence include those from the Williams Institute, UCLA School of Law, which uses data from the CDC's Behavior Risk Factor Surveillance System ("BRFSS") and Youth Risk Behavior Survey ("YRBS") to estimate the population, age distribution, and ethnic distribution of TGD persons for U.S. states.[10] The most recent publication by the Williams Institute, in June 2022, indicates that about 0.52% of persons across the U.S identify as transgender, and that this proportion is highest among the adolescent (13-17; 1.43%) and young adult (18-24; 1.31%) age groups.[11]

8. Treatment- or diagnosis-based estimates of transgender prevalence come from health care providers or health systems where patients have either sought body or hormonal modifications or have been otherwise compelled to disclose their TGD identity to access clinical services. These estimates reflect a subset of the TGD population who are actively seeking gender-affirming health care.[12] Thus, diagnosis-based estimates should be understood as estimates of TGD persons actively seeking health care services related to their transgender identity.

9. Perhaps the best set of diagnosis-based estimates comes from Kaiser Permanente health plans in Georgia ("KPGA"), Southern California ("KPSC"), and Northern California ("KPNC").[13] These plans provide health services to approximately 8 million members, enrolled

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[9] World Professional Association for Transgender Health ("WPATH"). 2021. *Standards of Care: Epidemiology*. https://www.wpath.org/publications/soc, Last Accessed August 17, 2022. See also Collin, Lindsay, Sari L. Reisner, Vin Tangpricha, and Michael Goodman. 2016. *Prevalence of Transgender Depends on the "Case" Definition: A Systematic Review*. The Journal of Sexual Medicine, Vol 13: 613-626.

[10] Herman, Jody L., Andrew R. Flores, and Kathryn K. O'Neill. June 2022. *How Many Adults and Youth Identify as Transgender in the United States?* The Williams Institute, UCLA School of Law. This isa the most recent research publication by the Williams Institute. There were also research studies published in 2016, 2017 and 2020.

[11] Ibid, p. 10.

[12] Meier, Stacy C. and Christine M. Labuski. 2013. *The Demographics of the Transgender Population*. In: International Handbook on the Demography of Sexuality: Springer, 289-327.

[13] Quinn et al. 2017. *Cohort profile: Study of Transition, Outcomes and Gender (STRONG) to assess health status of transgender people.* BMJ Open, 7: e018121.

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through employers or state or federal programs such as Medicare or Medicaid, so represent a large sample across a diverse set of insureds. Through analysis of diagnosis codes and free-text clinical notes, researchers estimated that the prevalence of transgender status ranged from .038% (KPGA) to .075% (KPNC) of Kaiser enrollees.[14] Based off how transgender status was determined, these proportions represent enrollees who sought care related to their transgender identity, a subset of Kaiser TGD enrollees.

C. Analysis

1. Plan enrollment estimates

10. The number of persons enrolled In BCBSIL ERISA self-funded plans and subject to the gender affirming health care exclusion was provided for the period 2016 to 2021 by counsel in the files BCBSIL_CP_0020594, BCBSIL_CP_0020595, BCBSIL_CP_0020596, BCBSIL_CP_0020597, BCBSIL_CP_0020598, BCBSIL_CP_0020599.[15]

11. These files contained enrollment by plan, for two sets of plans. The first set was titled "Account_CP matched to Acct_Nbr," and the second "Account_CP matched to Group_Nbr." For convenience I label the enrollment from the first set of plans "P1" and enrollment from the second set of plans "P2." Annual enrollment counts by year for P1 and P2 are presented in Table 1.

[14] Ibid, p. 9. These figures are from 2014 statistics. The proportions were 38 per 100,000 enrollees at KPGA, 44 per 100,000 enrollees at KPSC and 75 per 100,000 enrollees at KPNC.

[15] E-mail with attachments, from Ms. Ele Hamburger, August 1, 2022. It is my understanding these files were produced during the discovery process.

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Table 1: BCBSIL Enrollment in ERISA Self-Funded Plans Subject to Gender Affirming Health Care Exclusion

	2016	2017	2018	2019	2020	2021
Enrollment						
Account_CP matched to Acct_Nbr (P1)	149,409	159,831	164,679	151,309	148,063	140,621
Account_CP matched to Group_Nbr (P2)	271,865	271,698	292,921	295,289	283,796	273,993

Sources: BCBSIL_CP_0020594, BCBSIL_CP_0020595, BCBSIL_CP_0020596, BCBSIL_CP_0020597, BCBSIL_CP_0020598

12. The enrollment counts from P1 reflect enrollment across about 20 different plans, while enrollment counts from P2 reflect enrollment across about 283 different plans.[16] Thus, while there is some overlap in the included plans between the two estimates of enrollment, most plans included in P2 do not appear in P1.

13. Separating enrollment in P2 between those plans which are included in P1, I present enrollment within "overlapping" plans and "non-overlapping" plans in Table 2.

Table 2: P2 Enrollment in Separating by Overlap Status

	2016	2017	2018	2019	2020	2021
Enrollment						
P2 – Non-Overlapping Plans	241,708	245,447	262,317	266,306	252,779	244,090
P2 – Overlapping Plans	30,157	26,251	30,604	28,983	31,017	29,903

Sources: BCBSIL_CP_0020594, BCBSIL_CP_0020595, BCBSIL_CP_0020596, BCBSIL_CP_0020597, BCBSIL_CP_0020598

Notes: P2 – Non-Overlapping Plans includes enrollment from plans present in P2, but not present in P1. P2 – Overlapping Plans includes P2 enrollment for plans present in both P1 and P2.

14. Merging P1 and P2, and excluding P2 enrollment for overlapping plans, gives annual enrollment counts for BCBSIL ERISA self-funded plans subject to the gender affirming health care exclusion. This additional step was identified and requested by plaintiffs' counsel for

[16] These figures are apparently less than the number of BCBSIL ERISA self-funded plans that have gender-affirming care exclusions. In its response to Interrogatory Question #6, attorneys for the defendant stated there are 398 such plans that meet this definition. *See* response to Interrogatory #6, p. 5, *Fifth Supplemental Responses and Objections to Plaintiffs' Second Discovery Request to Defendant Blue Cross and Blue Shield of Illinois*, Case No. 3:20-cv-06145-RJB, July 29, 2022.

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complete plan enrollment figures. An alternative method of combining P1 and P2 would be to add the enrollment counts together, however I have taken the above approach for accuracy and conservativeness. From this method, I present merged enrollment totals in Table 3.

Table 3: BCBSIL Merged Plan Enrollment

	2016	2017	2018	2019	2020	2021
Enrollment						
Merged plan enrollment	391,117	405,278	426,996	417,615	400,842	384,711

Sources: BCBSIL_CP_0020594, BCBSIL_CP_0020595, BCBSIL_CP_0020596, BCBSIL_CP_0020597, BCBSIL_CP_0020598

Notes: Merged enrollment includes all plans from P1, plus non-overlapping plans from P2.

2. Methodology to Estimate the Number of Enrolled TGD Persons

15. From the enrollment counts in Table 3, I apply age-specific population estimates of the proportion of persons who identify as TGD to population by age, where the age distribution is assumed to equal that of Illinois overall for each of the given years.[17] Estimates of the overall number of TGD persons by year, from Table 3, is presented in Table 4.

Table 4: Population Weighted Estimates of Affected Insureds

Year	Row	2016	2017	2018	2019	2020	2021
Enrollment Counts	1	391,117	405,278	426,996	417,615	400,842	384,711
Population Proportions by Age (Illinois Population Structure)							
0 to 12	2	16.30%	16.12%	15.96%	15.79%	15.62%	15.62%
13 to 17	3	6.62%	6.59%	6.54%	6.50%	6.50%	6.50%
18 to 24	4	9.34%	9.21%	9.12%	9.03%	8.94%	8.94%
25 to 64	5	52.95%	52.86%	52.71%	52.52%	52.31%	52.31%
65 and older	6	14.79%	15.21%	15.67%	16.16%	16.63%	16.63%
Proportion by Age							
0 to 12	7	N/A	N/A	N/A	N/A	N/A	N/A
13 to 17	8	0.65%	0.65%	0.65%	0.65%	0.65%	0.65%

[17] I do not know where BSBCIL insureds in these plans reside so have assumed, for purposes of modeling, the majority live in the state of Illinois.

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18 to 24	9	0.57%	0.57%	0.57%	0.57%	0.57%	0.57%
25 to 64	10	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%
65 and older	11	0.46%	0.46%	0.46%	0.46%	0.46%	0.46%
Numerosity	**12**	**1,678**	**1,741**	**1,837**	**1,799**	**1,729**	**1,659**
Average Proportion	**13**	**0.43%**	**0.43%**	**0.43%**	**0.43%**	**0.43%**	**0.43%**

Sources:
Row 1: BCBSIL_CP_0020594, BCBSIL_CP_0020595, BCBSIL_CP_0020596, BCBSIL_CP_0020597, BCBSIL_CP_0020598. See Table 3.
Row 2 – Row 6: SC-EST2020-AGESEX-CIV: Annual Estimates of the Civilian Population by Single Year of Age and Sex for the United States, States, and the District of Columbia: April 1, 2010, to July 1, 2020.
Row 7 – Row 11: Herman, Jody L., Andrew R. Flores, and Kathryn K. O'Neill. 2022. How Many Adults and Youth Identify as Transgender in the United States? The Williams Institute, UCLA School of Law.
Row 12: Weighted sum of merged enrollment, distributed according to rows 2-6 and weighted by rows 7-11.
Row 13: Row 12 divided by Row 1.

3. Methodology to Estimate the Number of Enrolled TGD Persons who sought gender-affirming care

16. From the methodology in Table 4, I estimate about 1,740 TGD persons per year were enrolled in one of the BCBSIL affected plans. These estimates represent the number of BCBSIL insureds who met the definition of gender-affirming care and were included in such plans that had plan exclusions for such care. Below, I estimate the proportion of these insureds who are estimated to have sought gender-affirming care, based on current scientific literature.[18]

Table 5: Estimates of TGD Insureds, Health Care Users Only

Year	Row	2016	2017	2018	2019	2020	2021
Numerosity	**12**	**1,678**	**1,741**	**1,837**	**1,799**	**1,729**	**1,659**
Average Proportion	**13**	**0.43%**	**0.43%**	**0.43%**	**0.43%**	**0.43%**	**0.43%**
Population Proportion From Study of Health Care Users Only	14	0.075%	0.075%	0.075%	0.075%	0.075%	0.075%
Ratio of Health Care Users to Overall Population Proportion	15	17.5%	17.5%	17.4%	17.4%	17.4%	17.4%

[18] Quinn et al. 2017.

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Numerosity, Health Care Users Only	16	293	304	320	313	301	289

Sources:
Row 12-13: Table 4.
Row 14: Quinn et al. (2017). *Cohort profile: Study of Transition, Outcomes and Gender (STRONG) to assess health status of transgender people*. BMJ Open, 7: e018121. This 0.075% estimate is for Northern California Kaiser enrollees.
Row 15: Row 14 divided by Row 13.
Row 16: Row 12 multiplied by Row 15.

17. From Table 5, of the TGD persons estimated to have been enrolled in the identified BCBSIL plans, I estimate about 17.5% would be likely to seek gender-affirming care in any given year. This indicates that, on average, about 300 persons would have been expected to seek gender-affirming care each year.

Dated: August 19, 2022, in Seattle, Washington.

Frank Fox, PhD.

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APPENDIX A – RATE AND LITIGATION EXPERIENCE

I am paid at the rate of $275 per hour in this litigation.

Depositions, Expert Declarations, Expert Reports and Rebuttal Reports.

I have provided expert declarations and/or expert and rebuttal reports in the following cases over the past four years: (1) In 2018, I provided a declaration ("Declaration") valuing the injunctive relief in a class action settlement in support of the motion for preliminary approval of that settlement in *Kerr v. Kaiser Foundation Health Plan*, Los Angeles Superior Court Case No. BC556863. (2) In May 2019, I provided a Declaration regarding models I prepared estimating utilization and cost for selected treatments for patients with diagnoses identified in the California Mental Health Parity Act and substance abuse in *Ames v. Anthem Blue Cross Life & Health Insurance Company*, Los Angeles Superior Court Case No. BC591623. (3) In May 2019, I provided Declaration regarding estimates of the number of Plan insureds with a prevalence of Autism Spectrum Disorder ("ASD") who utilized and expended monies for applied behavior therapy ("ABA") in *JR v. CHI et.al.,* United States District Court, Western District of Washington, Seattle, No. 2:18:cv-01191-JLR. (4) In June 2019, I prepared an Expert Report in *DT v. NECA/IBEW Family Medical Plan, Civil Action No. 2:17-cv-00004 (RAJ)*, which estimated utilization and expenditures for ABA and/or physical therapy ("PT"), occupational therapy ("OT") or speech therapy, for Plan insureds with a prevalence of ASD. (5) In July 2019, I prepared a series of Rebuttal Reports in *DT v. NECA/IBEW Family Medical Plan, Civil Action No. 2:17-cv-00004 (RAJ)*. (6) In January 2020, I provided a Declaration valuing coverage for residential treatment for insureds with eating disorders in a class action case in *Rea v. Blue Shield of California*, *Los Angeles Superior Court Case No. B468900*. (7) In July 2020, I prepared an Expert Report in *Crosby v. Blue Shield of California, Magellan Health, et. al., Case No. 8:17-CV-01970-CJC-JDE.* (8) In August 2020, I prepared a Rebuttal Report also for *Crosby v. Blue Shield of California, Magellan Health, et. al., Case No. 8:17-CV-01970-CJC-JDE*. (9) In October 2020, I prepared a Declaration in support of a motion for summary adjudication of Health Net's

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fifth cause of action for intentional interference with contractual relations in *Dual Diagnosis Treatment Center Inc., v. Health Net, Los Angeles Superior Court, Case No. LC104357*. (10) In November 2020, I provided a supplemental Declaration *in Rea v. Blue Shield of California, Los Angeles Superior Court Case No. B468900.* (11) In January 2022, I was deposed in in *Dual Diagnosis Treatment Center Inc., v. Health Net, Los Angeles Superior Court, Case No. LC104357*. (12) In June 2022, I was deposed in *Decision by the Department of Health Regarding Two Certificate of Need Applications Proposing to Establish Medicare and Medicaid Certified Hospice Services in Thurston County, No. M2021-923.*

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REFERENCES

American Medical Association. 2019. AMA: Leading medical organizations fight for transgender Americans. AMA Press Releases, July 10, 2019. https://www.ama-assn.org/press-center/press-releases/ama-leading-medical-organizations-fight-transgender-americans, Last Accessed August 17, 2022.

American Psychiatric Association. 2013. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. American Psychiatric Association, Arlington, VA.

American Psychological Association. 2022. Patients and Families: Mental Health Topics. https://www.psychiatry.org/patients-families, Last Accessed August 17, 2022.

Collin, Lindsay, Sari L. Reisner, Vin Tangpricha, and Michael Goodman. 2016. Prevalence of Transgender Depends on the "Case" Definition: A Systematic Review. The Journal of Sexual Medicine, Vol 13: 613-626.

Herman, Jody L., Andrew R. Flores, and Kathryn K. O'Neill. 2022. How Many Adults and Youth Identify as Transgender in the United States? The Williams Institute, UCLA School of Law.

Meier, Stacy C. and Christine M. Labuski. 2013. The Demographics of the Transgender Population. In: International Handbook on the Demography of Sexuality: Springer, 289-327.

Quinn et al. 2017. Cohort profile: Study of Transition, Outcomes and Gender (STRONG) to assess health status of transgender people. BMJ Open, 7: e018121.

World Health Organization. 2022. International Classification of Diseases, 11th Revision. https://icd.who.int/en, Last Accessed August 17, 2022.

WPATH. 2021. Standards of Care: Epidemiology. https://www.wpath.org/publications/soc, Last Accessed August 17, 2022.

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